

UTILITY PATENT APPLICATION TRANSMITTAL with FEE TRANSMITTAL (Only for new nonprovisional applications under 37CFR 1.53(b))		Attorney Docket No. AMPC 5077	
		First Inventor Brian J. Smith	
		Title A Passive Radar Detector for Dualizing Missile Seeker Capability	
		Express Mail Label No.	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Filing Fee included (hereinbelow) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Specification [Total Pages 9] (Preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the invention - Cross reference to related applications - Statement regarding Fed sponsored R&D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - BRIEF Description of the Drawings (if filed) - Detailed Description - Claims - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 2] 4. Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for continuation/divisional with Box 12 completed) i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 	5. <input type="checkbox"/> Application Data Sheet. See 37CFR 1.76 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> ACCOMPANYING APPLICATION PARTS </div> 6. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 9. <input type="checkbox"/> Preliminary Amendment 10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 11. <input type="checkbox"/> Other: _____
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12. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group Art Unit: _____	
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FEE TRANSMITTAL ELEMENTS TOTAL AMOUNT OF PAYMENT \$ 770.00 The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number 19-2201 Deposit Account Name Headquarters, U.S. Army Material Command <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	LARGE ENTITY FEE CALCULATION <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">FEE CODE</th> <th style="text-align: center;">FEE PAID</th> </tr> </thead> <tbody> <tr> <td>1. Basic Filing Fee - (Utility)</td> <td style="text-align: center;">1001</td> <td style="text-align: center;">\$770.00</td> </tr> <tr> <td>2. Independent claims in excess of 3</td> <td style="text-align: center;">1201</td> <td></td> </tr> <tr> <td>3. Claims in excess of 20</td> <td style="text-align: center;">1202</td> <td></td> </tr> <tr> <td>4. Additional Fees</td> <td></td> <td></td> </tr> <tr> <td>5. Other Fees (specify) _____</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"</td> <td style="text-align: center;">\$770.00</td> </tr> </tbody> </table>		FEE CODE	FEE PAID	1. Basic Filing Fee - (Utility)	1001	\$770.00	2. Independent claims in excess of 3	1201		3. Claims in excess of 20	1202		4. Additional Fees			5. Other Fees (specify) _____			Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"		\$770.00
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Signature			Date October 14, 2003

This form is based on information taken from USPTO Forms PTO-FB-610, PTO/SB/05 (03-01) and PTO/SB/17 (11-00)

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